

LATE

Black Hawk

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12th, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IS ETHICS AND  
CAMPAIGN DISCLOSURE BY

2009 NOV -2 AM 7:54

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK NIERERT City Council Election Committee

IMPORTANT: Indicate by # type of committee you are reporting for:

- (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
- (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

MARK NIERERT

Political Party (If applicable)

Office Sought

CITY COUNCIL E LAKE

District (If Senate or House)

<b>FORM DR-2</b> (Rev. 07/2007)		<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>		
Comm. #	13949	
Logged In	JM	
Scanned	JM	
Computer		
Audited		

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

648 28

3170

3170

2521 28

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b>	
<b>A</b>	<b>MONETARY RECEIPTS</b>
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/2/05	ID# CK# CMT	SHARI McINTOSH 1406 Linn Co CF	mother	\$200-	<input type="checkbox"/>
8/2/05	ID# CK# CMT	Jim Miller 1826 Walnut Cedar Falls		90-	<input type="checkbox"/>
8/26/05	ID# CK# CMT	STAN DOE Cedar Rapids		100-	<input type="checkbox"/>
9/24/05	ID# CK# CMT	Jude - Evelyn TRACY 1406 Timberlake Cedar Falls, IA		50-	<input type="checkbox"/>
10/2/05	ID# CK# CMT	SHARI McINTOSH 1406 Linn Co Cedar Falls, IA	mother	100-	<input type="checkbox"/>
10/2/05	ID# CK# CMT	MARC McINTOSH 2812 ORANGE AVE Cedar Falls, IA		25-	<input type="checkbox"/>
10/2/05	ID# CK# CMT	BOB KLEH 4247 Elysian Cedar Falls		50-	<input type="checkbox"/>
10/20	ID# CK# CMT	WENDY HENDERSON 5248 IRVINGWOOD Cedar Falls		100-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree or consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)



SCHEDULE <b>A</b> (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

*MARIL HIGBERT City Council Committee*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/26/09	ID# CK#	DEPOSIT OPEN ACCT		\$ 5 <sup>00</sup>	<input type="checkbox"/>
5/29/09	ID# CK#	ZALHART BESCHKE 1004 Commercial Waukegan, IL	None	500 <sup>00</sup>	<input type="checkbox"/>
7/20/09	ID# CK# CASH	GENE GEIGER 1552 Oakwood Ln Waukegan, IL		100 <sup>00</sup>	<input type="checkbox"/>
7/20/09	ID# CK# CASH	KEN LASKANG 8004 Starline Dr Cedar Falls, IA		250 <sup>00</sup>	<input type="checkbox"/>
7/28/09	ID# CK# MCH	John Benton 420 Clark St Cedar Falls, IA		500 <sup>00</sup>	<input type="checkbox"/>
8/1/09	ID# CK# CASH	Jim & Carol Muck 5949 Beaver Ridge Cedar Falls, IA		200 <sup>00</sup>	<input type="checkbox"/>
8/1/09	ID# CK# cash	Jim Muck Jr. 3205 Station Dr Cedar Falls, IA		200 <sup>00</sup>	<input type="checkbox"/>
8/1/09	ID# CK# CASH	Joseph McGraw 525 Clough Waukegan, IL	Son	500 <sup>00</sup>	<input type="checkbox"/>
8/21/09	ID# CK# CASH	MARIL FLAHERTY EDINA, MN.		200 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

*2455*

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



# EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**MARIE NIENERT City Council, Council**

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/1/09	ID# CK# 1026	USDS Cedar Falls	Stamps	\$ 8.50
6/1/09	ID# CK# 1027	Pioneer Graphics 605 5th Wentworth, Ia.	Printer CAROL	45.13
7/6	ID# CK# 1028	Dickens Printing 305 E-7th Wentworth, Ia.	Printer TCC-Jones	116.10
8/21	ID# CK# 1029	Dickens Printing	Printer Sign	642.-
10/2	ID# CK# 1030	Dickens Printing	TCC-Jones	8.50
10/2	ID# CK# 1033	Pioneer Graphics	Printer	404.25
10/2	ID# CK# 1032	D&A Advertising	Design & Ad work	500.-
10/6	ID# CK# 1031	Black Hawk Co Election Board	List	13.-
SUB-TOTAL				\$ 1795.67
TOTAL (if last page of this schedule)				\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM



## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK HIGERT City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/20/18	ID# CK# 1034	PARADE PRIZES 422 CI LANSING RD CASA FALLS	MAILING	\$ 726.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)